



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT
BY A CANDIDATE'S COMMITTEE
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R3/11-05)
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

FILE NUMBER

**TOTAL PAGES IN ENTIRE CFA-11
REPORT**

1

COMMITTEE INFORMATION

1. Full Name of Candidate (Include any nickname) <input type="checkbox"/> Check if this is a new name Roy Bruce Johnson			2. Committee Telephone Number (317) 877-6677	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 580 Longford Way				
4. City Noblesville	State IN	ZIP Code 46062	5. Party Affiliation or if Independent Candidate Republican	
6. Office Sought (Include district number, if any. Not required for exploratory committee.) Noblesville Common Council - District One			7. County of Residence Hamilton	
8. Reporting Period: From: 4-11-15 Through: 4-23-15				

For classification, enter INDV for Individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification PAC	1. Hamilton County Professional Fire Fighters Local 4416 PAC 339 South 14th Street Noblesville, IN 46060	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	\$2,000.00	4/22/15 by Roy Johnson
Classification	2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		
Classification	3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		

CERTIFICATION
TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS

Title Treasurer/Cand.	Date (MM-DD-YY) 04-22-15
	Date (MM-DD-YY) 15

Not to be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A
Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate
report commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil

FOR OFFICE USE ONLY

CLERK
TAMMY BARTZ

2015 APR 23 PM 1:15